Approved for use through 7/31/2006. OMB 0651-0032

	PA	TENT APPL	CATIO	N FEE DET itute for Form P	CKMINATIC	to a collection of in	nformation unl	Appac	lays a valid OMI	3 control number
CLAIMS AS FILED - PART ( (Column 1) (Column 2) SMALL ENTITY								OR		ER THAN L ENTITY
	FOR	ROM	NUMBER FILED NUM		BER EXTRA	RATE	ru e	]		T
	SIG FEE COAR I SCAN TAUC, AND I					RATE	FEE	- CR	RATE	FEE
	CER LIVER		mines :	to = -		X \$=			\. E	×
	DEPENDENT CLA 7 CFR 1.16(b))	IIVIS	minus	3 = .				OR	x s=	
4.11	a TIPLE DEPEND	EIN CLAMA ARESE		(37 CFR 1.16(d))		X 2 = =	· ·	OR	x s=	
. 14	* If the difference in column 1 is less than zero, enter 10* in column 2.							OR	4.8	
		CLAIMS AS AM				TOTAL		OR	TOTAL	
,	(	/ /	исиосі	J - PARTII						
6	7-7-04	(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR		R THAN ENTITY
ENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
202	(37 CFR 1.16(c))	300	Minus	34		X \$=		OR	X \$=	
AME		d	Minus	0	-	x s=		OR	x <b>s</b> =	
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.19(d))					+ \$=	/	OR	+\$ =/	
						TOTAL ADD'L FEE	/	OR	TOTAL ADD LIFEE	
	<del></del>	(Column 1)		(Column 2)	(Column 3)		t .		÷	
ENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL
	Total (37 CFR 1,16(c))	•	Minus	**	=	x s =		0.0	\	FEE
MEN	Independent (37 CFR 1.16(b))	•	Minus	***	=	X S =		OR	X \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						(1.20)	OR	X S =	
	1					+ s = TOTAL ADD'L FEE		OR OR	+ \$ = TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)		J			L
O LUI		CLAIMS REMAINING AFTER AMENDMENT	W	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
AMENDMENT	Total (37 CFR 1.16(c))	•	Minus	••	Ξ	x s =	T.C.	0.5	V 6	FEE
Į Į	Independent (37 CFR 1.16(b))	•	Minus	•••	=	x s =		OR	X \$=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							OR :	X \$=	
TOTAL ADD'L FEE								OR	+ \$ =	
•	If the entry in co	olumn 1 is less that Number Previously	n the entry	in column 2, write	e "0" in column 3.	L		OR	ADD'L FEE	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by file USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1459.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

ously Paid For IN THIS SPACE is less than 3, enter "3".